

**Attachment C.VI.d.3.
to Family Care Waiver
Application Pre-Print**

**Section C:
Quality of Care and Services**

HSRS Fields

2000
HSRS CMO LONG TERM SUPPORT
MODULE DESKCARD
MODULE TYPE A

CLIENT CHARACTERISTICS (Field 8) (NOTE: For COP, COP-W, Locally Matched CIP IB and CSLA the first Client Characteristic is used for monitoring significant proportions.)

34 Developmental Disability - Brain Injury - occurred at age 21 or earlier
35 Developmental Disability - Brain Injury - occurred after age 21*
23 Developmental Disability - Cerebral Palsy
25 Developmental Disability - Autism
26 Developmental Disability - Mental Retardation
27 Developmental Disability - Epilepsy
28 Developmental Disability - Other or Unknown
86 Severe Emotional Disturbance
02 Mental Illness (excluding SPMI)
03 Severe & Persistent Mental Illness (SPMI)
04 Alcohol Client
05 Drug Client
10 Chronic Alcoholic
12 Alcohol and Other Drug Client
07 Blind/Visually Impaired
08 Hearing Impaired
09 Physical Disability/Mobility Impaired
36 Other Handicap
55 Frail Elderly
57 Abused/Neglected Elder
18 Alzheimer's Disease/Related Dementia**
77 Challenging behaviors - not for use as first client characteristic
37 Frail/Frail Medical Condition - not for use as first client characteristic

* For COP purposes Code 35 clients are counted as physically disabled.

** For COP purposes Code 18 clients under 65 are counted as physical disability, clients 65 and over are counted as elderly.

LEVEL OF CARE (Field 9)

1 Highest function screen eligibility is Level I.
2 Highest function screen eligibility is Level IIA - person is not developmentally disabled.
3 Highest function screen eligibility is Level IIB.
4 Meets functional screen special eligibility Level III only. Has physician's diagnosis of Alzheimer's Disease or a related disorder.

- 5 Meets functional screen special eligibility Level III only - special SPMI level or referred from an IMD and does not meet functional screen Levels I or II.
 - 6 Meets functional screen special eligibility Level III only. Is referred under inter-divisional agreement 1.67 or has lost level of care eligibility under the waivers.
 - 7 Functional screen Level IV - does not meet any of the above Level of Care or is grandfathered in with ICF 3, 4, or ICF-MR4-level of care determination prior to 11-01-83.
 - 8 Has been ongoing COP recipient since prior to 1-1-86 and is therefore COP eligible without a level of care determination.
 - 9 Has not had a level of care assigned as yet: level of care will be determined PRIOR to service provision.
- B Brain injury (Codes 4,5,6,8and 9 are not waiver eligible)

For use with LTS Codes (Field 26) 1,4,5 and 8 with non-COP match costs.

M DD1AN DD1B

O DD2

P DD3

A Family Care - Adult Protective Services

C Family Care - Comprehensive

D Family Care - Intermediate

G Family Care - Grand-fathered Existing Clients

MARITAL STATUS (Field 10)

1 Married

2 Divorced

3 Separated

4 Widow/Widower

5 Never Married

9 Unknown/Other

LIVING ARRANGEMENT (Field 11)

PRIOR AND CURRENT

06 State Mental Health Institute - not a current living arrangement - may be used for COP assessment and plan.

07 ICF/MR: Not State Center - not a current living arrangement - may be used for COP assessment and plan

21 Adoptive Home

22 Foster Home - Non Relative

23 Foster Home - Relative

27 Shelter Care Facility

30 Own Home or Apartment

32 Developmental Disability Center - not a current living arrangement - may be used for COP assessment and plan.

33 Nursing Home - not a current living arrangement -may be used for COP assessment and plan.

37 Adult Family Home 1-2 beds

38 Adult Family Home 3-4 beds

43 Group Home (child)

50 Brain Injury Rehab Unit - Hospital

51 Brain Injury Rehab Unit - Nursing Home

60 Supervised Apartment Living

61 CBRF 5 - 8 beds

63 CBRF Independent Apartment

64 CBRF 9-16 beds

65 CBRF 17-20 beds

66 CBRF 21-50 beds

67 CBRF 51-100 beds

68 CBRF > 100 beds

70 Assisted Living - only for COP-W and CIP II participants. May be used for COP assessment and plan.

98 Other Living Arrangement

LIVING ARRANGEMENT - PEOPLE

05 Living Alone

09 Living Alone with Attendant Care

10 Living with Immediate Family

11 Living with Immediate Family with Attendant Care

15 Living with Extended Family

16 Living with Extended Family with Attendant Care

18 Living with Others

19 Living with Others with Attendant Care

90 Transient Housing Situation

NATURAL SUPPORT SOURCE (Field 12)

1 Parent

2 Spouse

3 Child

4 Other Relative

5 Non-Relative

6 None

SPECIAL PROJECT STATUS (Field 14)

H Hospital Link

A Pace

P Partnership

W Wait List Participants as of 12/31/97

E Pathways/Project
 S Self-determination
 C CMO Client

COUNTY OF FISCAL RESPONSIBILITY (Field 15)

01 Adams	37 Marathon	
02 Ashland	38 Marinette	
03 Barron	39 Marquette	
04 Bayfield	40 Milwaukee	
05 Brown	41 Monroe	
06 Buffalo	42 Oconto	
07 Burnett	43 Oneida	
08 Calumet	44 Outagamie	
09 Chippewa	45 Ozaukee	
10 Clark	46 Pepin	
11 Columbia	47 Pierce	
12 Crawford	48 Polk	
13 Dane	49 Portage	
14 Dodge	50 Price	
15 Door	51 Racine	
16 Douglas	52 Richland	
17 Dunn	53 Rock	
18 Eau Claire	54 Rusk	
19 Florence	55 St. Croix	
20 Fond du Lac	56 Sauk	
21 Forest	57 Sawyer	
22 Grant	58 Shawano	
23 Green	59 Sheboygan	
24 Green Lake	60 Taylor	
25 Iowa	61 Trempealeau	
26 Iron	62 Vernon	
27 Jackson	63 Vilas	
28 Jefferson	64 Walworth	
29 Juneau	65 Washburn	
30 Kenosha	66 Washington	
31 Kewaunee	67 Waukesha	
32 La Crosse	68 Waupaca	
33 Lafayette	69 Waushara	
34 Langlade	70 Winnebago	
35 Lincoln	71 Wood	
36 Manitowoc	72 Menominee	92 Oneida Tribe

CLOSING REASON (Field 20)

05 Moved out of state
 06 Died
 09 Service not available
 11 Not or no longer income eligible
 14 Not or no longer level of care eligible
 18 Waiting list
 21 Services arranged without agency involvement
 24 Insufficient funds in COP to provide services
 32 Rejected case plan
 35 Private pay/other public funding sources used to pay for service
 38 Voluntarily terminated services
 39 Transferred to or preferred nursing home care
 41 Transfer to joint lead agency
 43 Moved to a CBRF not allowable under the waiver
 44 Moved out of county/closed on the LTS
 45 Moved to other county/still on the LTS
 46 Failed to supply needed financial documentation
 47 Transfer to Pace Program
 48 Transfer to Partnership Program

COP SPC/SUBPROGRAM (Field 24)

CODE	SPC	UNITS
102	Adult day care	Hours
103 22	Residential respite	Hours
103 24	Institutional respite	Hours
103 99	Respite care-other	Hours
104 10	SHC-days	Days
104 11	SHC-personal care/days	Days
104 12	SHC-supervision services/days	Days
104 13	SHC-routine home care service/days	Days
104 14	SHC-chore services/days	Days
104 20	SHC-hours	Hours
104 21	SHC-personal care/hours	Hours
104 22	SHC-supervision services/hours	Hours
104 23	SHC-routine home care service /hours	Hours
104 24	SHC-chore services/hours	Hours
105 11	Home Health Care - Physical therapy	Hours
105 12	Home Health Care - Occupational Therapy	Hours
105 13	Home Health Care - Speech Therapy	Hours
105 20	Home Health Care - Skilled Nursing	Hours
105 21	Home Health Care - Home Health Aid	Hours
105 22	Home Health Care - Personal Care	Hours
105 23	Home Health Care - Private Duty Nursing	Hours

105	24	Home Health Care - Respiratory Care	Hours
107	10	Specialized Transportation and escort Medical Purposes	Trips
107	11	Specialized Transportation and escort Medical Purposes	Miles
107	20	Specialized Transportation and escort Non-Medical Purposes	Trips
107	21	Specialized Transportation and escort Non Medical Purposes	Miles
108	10	Prevocational services	Hours
108	20	Sheltered Workshop	Hours
109		Other Allowable HMO Services	None
110		Daily living skills training	Hours
112	46	Personnel Emergency Response Systems	None
112	47	Communication aids	Items
112	55	Specialized medical supplies	Items
112	56	Home modifications	Projects
112	57	Adaptive aids - vehicles	Items
112	58	Durable Medical Equipment	Items
112	99	Adaptive aids - other	Items
202	01	Adult family home 1-2 beds	Days
202	02	Adult family home 3-4 beds	Days
203		Children's Foster home	Days
401		Congregate meals	Meals
402		Home delivered meals	Meals
503		Inpatient	***
505	10	Nursing Home	Days
505	20	ICF-MR	Days
505	30	State DD Center	Days
506	61	CBRF 5 - 8 licensed beds	Days
506	62	CBRF over 8 beds	Days
506	63	CBRF independent apartment	Days
506	64	CBRF 9 - 16 beds	Days
506	65	CBRF 17 - 20 beds	Days
506	66	CBRF 21 - 50 beds	Days
506	67	CBRF 51 - 100 beds	Days
506	68	CBRF > 100 beds	Days
507	11	Counseling and Therapeutic Resources - Physical Therapy	Hours
507	12	Counseling and Therapeutic Resources - Occupational Therapy	Hours
507	13	Counseling and Therapeutic Resources - Speech Therapy	Hours
507	14	Counseling and Therapeutic Resources - Nutritional Counseling	Hours Hours

507 17	Counseling and Therapeutic Resources - Mental Health Services	Hours
507 18	Counseling and Therapeutic Resources - AODA Treatment	Hours
507 19	Counseling and Therapeutic Resources - Behavior Consultation	Hours
507 99	Counseling and Therapeutic Resources - Other	Hours
603 01	COP assessment	Hours
603 02	COP plan	Hours
604	Case management	Hours
615	Supported employment	Hours
704	Day treatment - medical	Days
705	Detoxification - social setting	None
706	Day center services treatment	Hours
710	Skilled nursing services	Hours
711	Residential care apartment complex	Days
801	CMO Enrollment	None
803	Family Care Phase 3 Enrollment	None

CMO Disenrollment

802 05	Moved out of state	None
802 06	Died	None
802 11	Not or no longer income eligible	None
802 14	Not or no longer level of care eligible	None
802 46	Failed to supply needed financial documentation	None
802 49	Voluntary disenrollment	None
802 50	Moved out of catchment area	None
802 51	Transfer to COP/waiver programs	None
802 52	Transfer to fee for service	None
802 53	Involuntary disenrollment	None

TARGET GROUP (Field 25)

01 Developmental disability
 31 Mental health
 18 Alcohol and other drug abuse
 57 Physical or sensory disability
 58 Adults and elderly

LONG TERM SUPPORT CODE (Field 26)

For SPC's 801, 802 & 803

1 CIP 1A
 2 CIP II
 3 COP - Waiver
 4 CIP 1B

- 5 CSLA
- 6 Brain injury
- 7 COP
- 8 CIP 1B - locally matched slot (not with 803)
- 9. Other Programs

For all SPC's after 803 is opened:

- C CMO Demo Project - agency Managed
- D CMO Demo Project - self directed

FUNDING SOURCE (Field 27)

- CP COP match funding
- CA Community aids match funding
- FS Family support match funding
- A Pace funding
- P Partnership funding
- RO Rollo Match
- FC Act-405
- OT Other state/county funding

***Days will be calculated from SPC Start and End Dates.

WI Department of Health and Family Services
Division of Supportive Living
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